

**THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

NEREIDA MENDEZ,

Plaintiff,

v.

DENTISTS, P.C., DENTAL PROFILE,
LTD., PERLA DENTAL, DENTAL
PROFILE,

Defendant.

Case No. 04 C 4159

Honorable Judge Der-Yeghiayan

**PLAINTIFF'S RESPONSE TO MB FINANCIAL'S
MOTION TO QUASH CITATION GARNISHMENT FOR
DEFENDANTS' FUNDS HELD IN ANOTHER ACCOUNT (DOCKET # 286)**

Plaintiff/Judgment Creditor, Nereida Mendez, ("Plaintiff"), by and through her undersigned attorneys, respectfully files this response to MB Financial Bank's motion to quash Citation Garnishment for funds belonging to Defendants, but which are being held under an account name of AYA Dental. In support, Plaintiff states as follows:

1. On April 27, 2007, this Court entered a judgment in the amount of \$781,181.25.
2. The judgment has not been satisfied. Ms. Mendez has yet to recover the judgment entered on April 27, 2007 due to the legal maneuvering of Defendants who have filed post-trial motions; an appeal; and bankruptcy petitions, which have been

dismissed with the bankruptcy court finding that the bankruptcy petitions were filed solely to delay the collection of the judgment.^{1/}

3. On or about June 18, 2010, Plaintiff Mendez served a citation garnishment on MB Financial for funds held in the account name of AYA Dental that belong to Defendants, the judgment debtors.^{2/} Plaintiff learned in the bankruptcy proceedings that Defendants are holding their funds under an account name of AYA Dental. Defendant judgment debtors filed before the bankruptcy court various Summary of Cash Receipts and Disbursements, all of which show that the Defendants/Debtors are holding their bank accounts in the name of AYA Dental. (*See, e.g.*, Group Exhibit 1, Docket ## 55-63.)

4. On July 3, 2010, MB Financial filed a motion to quash the Citation Garnishment, presumably not knowing that Defendant judgment debtors filed the above documents with the bankruptcy court, admitting that they were holding funds of Defendant judgment debtors.

5. MB Financial erroneously argues that Plaintiff is seeking to discover assets of AYA dental, which is not the case. In fact, Plaintiff is seeking to discover and garnish "any and all accounts and property you may hold belonging to, held in part by, or for which any deposits and/or transactions were made DENTISTS, P.C., DENTAL

^{1/} The bankruptcy court is currently hearing testimony on a continued hearing for sanctions against Defendants, Dr. Aldairi, and their counsel.

^{2/} "Aya" is Husam Aldairi's daughter's name. Husam Aldairi is the sole owner and sole shareholder of Defendants. Aldairi is the sole representative of Defendant judgment debtors.

PROFILE, LTD., PERLA DENTAL/DENTAL PROFILE. Funds for these entities are being held under the account name of AYA DENTAL" As reflected above, Defendants admitted before the bankruptcy court in their filings of their Summary of Cash Receipts and Disbursements that they were holding all of their funds in the account name of AYA Dental. (*See* Group Exhibit 1.)

6. "[T]he statute[735 ILCS 5/2-1402(f)(1)], does not state that the funds must be the property of the judgment debtor when transferred, as it specifically references assets 'belonging to the judgment debtor *or to which he or she may be entitled* or which may be thereafter acquired by *or become due* to him or her. . . .'" *Citizens Financial Services v. Atlas Financial Corp.*, 2003 WL 21294907, at * 3 (N.D.Ill. Feb. 19, 2003) (citing 735 ILCS 5/2-1402(f)(1)). Nor does the statute specify that the funds must be transferred from the judgment debtor's accounts, as it instead reads "any transfer" of assets. *Id.* Therefore, Plaintiff's citation should not be quashed because it is clear that the funds and bank accounts of Defendant judgment debtors are being held in the name of AYA Dental, based on Defendants own admissions before the bankruptcy court.

7. Furthermore, Supreme Court Rule 277 dictates that a proceeding "may be against * * * any third party the judgment creditor *believes* has property of or is indebted to the judgment debtor." Here, it is not simply a "belief" that MB Financial holds property of the judgment debtors in the account names of AYA Dental, but it is

confirmed through the Summary of Cash Receipts and Disbursements filed by Defendant judgment debtors before the bankruptcy court. (*See* Group Exhibit 1.)

8. In *Citizens Financial Services*, money of the defendant debtors was “transferred from an account at Bank One to an account belonging to Peterson at Community Bank of Lemont.” The district court held that “[a]s such, no dispute exists that Bank One made and allowed a transfer of funds which one or more defendants had become entitled to. This clearly falls within the statutory language of the Illinois statute.” Therefore, the district court granted the plaintiff’s motion seeking an order directing Bank One to pay \$35,000.00 to Citizens Financial because Bank One transferred such funds to one or more of the defendants. 2003 WL 21294907, at * 3. Similarly, here, it is clear that Defendant judgment debtors’ funds are being held, and were transferred, to an account belonging to AYA Dental, and as such should be turned over to Plaintiff pursuant to the citation garnishment.

9. Even if Plaintiffs did not have the benefit of Defendant judgment debtors’ filings in the bankruptcy court, it would be error for this Court to quash the citation. *See Regan v. Garfield Ridge Trust and Sav. Bank*, 617 N.E.2d 818 (Ill. App. 2 Dist. 1993) (holding trial court erred when it quashed judgment creditors’ citation to discover assets of third parties, based upon judgment creditors’ inability to specifically identify assets in hands of third parties prior to interrogation of third parties by judgment creditors). In *Regan*, the appellate court held that “it is apparent that, for purposes of an

initial citation to discover assets, a judgment creditor need not specifically identify the assets or income sought. Instead, the language indicates that the supplementary proceedings can be used against *any person* to *discover* a judgment debtor's assets or income." *Id. Regan* went on to note the joint committee comments, which indicate that the section "is designed to provide a statutory foundation for an efficient and expeditious procedure *for discovery of assets* and income of the judgment debtor and compelling their application to payment of the judgment or decree." *Id.* (citing Ill.Ann.Stat., ch. 110, par. 2-1402, Joint Committee Comments, at 862 (Smith-Hurd 1983)).

10. MB Financial's citation to *Lorillard Tobacco Co.* is inapposite here. The plaintiff Lorillard admitted that it was seeking assets of a non-judgment debtor. This is simply not the case here.

11. Here it is clear, and not an "unsubstantiated belief," as MB Financial argues, that such accounts *do in fact contain* assets of the Defendant judgment debtors. Therefore, MB Financial's motion to quash should be denied and the Court should enter a turnover order for the funds, as well as production of the bank records and bank statements for that account.

12. Because AYA Dental holds funds of Defendants, MB Financial is "prohibited from making or allowing any transfer of non-exempt property which was

due to defendants." *Citizens Financial Serv.*, 2003 WL 21294907, at * 3 (citing 735 ILCS 5/2-1402(f)(1)).

WHEREFORE, for the above stated reasons, Plaintiff respectfully requests this Court enter an order:

- A. Denying MB Financial's motion to quash Plaintiff's citation garnishment;
- B. Requiring MB Financial to turn over all funds in the possession of AYA Dental that belong to Defendant judgment debtors;
- C. Requiring MB Financial to produce all of the bank records and bank statements for that account; and
- D. Grant such other relief that is just and equitable.

Respectfully submitted,

NEREIDA MENDEZ

s/Dana L. Kurtz

Electronically filed on August 4, 2010

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GROUP EXHIBIT 1

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc.

CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending July 31, 2008 DENTAL PROFILE

BEGINNING BALANCE IN ALL ACCOUNTS

0
Dental Profile Corporate Total

RECEIPTS:

1. Receipts from operations	\$ 183,494.70			183494.7
2. Other Receipts				

DISBURSEMENTS:

Accountant Fee	\$ -	\$ 1,165.96	\$ 1,165.96
Advertisement	\$ -	\$ 178.71	\$ 178.71
association fee	\$ -	\$ -	\$ -
Attorney fee	\$ -	\$ 1,276.50	\$ 1,276.50
Auto	\$ -	\$ 226.81	\$ 226.81
Bank Fees	\$ -	\$ 573.57	\$ 573.57
car payment	\$ -	\$ 628.67	\$ 628.67
Computer	\$ -	\$ 1,148.85	\$ 1,148.85
credit card	\$ -	\$ 4,909.32	\$ 4,909.32
Dental supplys	\$ 468.44	\$ -	\$ 468.44
Healthcare	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -
Labaratory	\$ 7,843.18	\$ -	\$ 7,843.18
Loan	\$ -	\$ 11,139.26	\$ 11,139.26
Maintenance	\$ -	\$ 207.58	\$ 207.58
Medical products	\$ 18,914.98	\$ 369.83	\$ 19,284.81
Misc	\$ -	\$ -	\$ -
Mortgage	\$ -	\$ -	\$ -
Office products	\$ 1,005.33	\$ -	\$ 1,005.33
Postage	\$ 1,428.80	\$ 102.12	\$ 1,530.92
Printed supplys	\$ -	\$ -	\$ -
Refund	\$ -	\$ -	\$ -
Rent	\$ 25,500.00	\$ 3,395.15	\$ 28,895.15
Ticket	\$ -	\$ -	\$ -
Transfer	\$ -	\$ -	\$ -
Utilities			
Alarm	\$ 165.00	\$ -	\$ 165.00
Cable TV	\$ 69.98	\$ -	\$ 69.98
drinking water	\$ -	\$ -	\$ -
Electricity	\$ 1,309.78	\$ -	\$ 1,309.78
Garbage & Recycling	\$ 408.33	\$ -	\$ 408.33
Gas & Electric	\$ -	\$ -	\$ -

Telephone	\$ -	\$ 583.75	\$ 583.75
Water	\$ 177.87	\$ -	\$ 177.87
Other Utilities	\$ -	\$ -	\$ -
TOTAL Utilities	\$ 2,130.96	\$ 583.75	\$ 2,714.71
Wages & Salary		\$ -	\$ -
Bonus	\$ 578.55	\$ 153.18	\$ 731.73
Gross Pay	\$ 560.00	\$65,981.87	\$ 66,541.87
Overtime	\$ -	\$ -	\$ -
Other Wages & Salary	\$ -	\$ 198.48	\$ 198.48
ADP Fees		\$ 32.77	\$ 32.77
TOTAL Wages & Salary	\$ 1,138.55	\$66,333.53	\$ 67,472.08
TOTAL EXPENSES	\$ 58,430.24	\$92,239.61	\$150,669.85

TOTAL DISBURSEMENTS \$ 150,669.85

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ 32,824.85

ENDING BALANCE IN _BROADWAY BANK 0
(Name of Bank)

ENDING BALANCE IN _____ 0
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS
OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING July 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
07/01/2008-07/31/2008	Checks	142399.26
07/01/2008-07/31/2008	Charge	23968.53
07/01/2008-07/31/2008	Cash	17126.91

TOTAL: 183494.70

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING July 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

Date

Disbursed

Check NO

Description

Amount

7/1/2008	11061	Mirage Dental Art	-5,908.00
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7/2/2008	11064	Leader Products	-475
7/2/2008	11073	Addent, LLC	25,500.00
7/3/2008	11076	Judy Canelo	-400
7/8/2008	11122	Patterson Dental	-8,042.51
7/8/2008	11125	Mirage Dental Art	-1,422.00
7/9/2008	11153	Village Of Addison	-177.87
7/14/2008	11172	AOA	-162.38
7/14/2008	11173	AOA	-101.5
7/14/2008	11180	Medical Oxygen	-33.71
7/14/2008	11186	United States Postal Services	-928.8
7/18/2008	11216	Omar Alramai	-160
7/18/2008	11224	Patterson Dental	-9,267.36
7/18/2008	11231	Patterson Dental	-1,130.11
7/18/2008	11233	AOA	-191.85
7/18/2008	11239	Dentsply	-401.93
7/18/2008	11240	Allied Waste Services	-408.33
7/18/2008	11248	Pitney Bowes	-500
7/18/2008	11249	Direct TV	-69.98
7/18/2008	11251	Comed	-1,309.78
7/24/2008	11266	OfficeMax	-216.1
7/24/2008	11267	OfficeMax	-722.19
7/25/2008	11273	AOA	-57.45
7/25/2008	11275	Medical Arts Press	-67.04
7/25/2008	11280	Medical Oxygen Norcomm Public Safety	-32.8
7/25/2008	11287	Communication	-165
7/26/2008	11296	Erika Salazar	-578.55
		Corporate Expenses	-92239.61

TOTAL: -150669.85

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF INVENTORY

Beginning inventory	\$ _____ N/A _____
Add: purchases	\$ _____ N/A _____
Less: goods sold (cost basis)	\$ _____ N/A _____
Ending inventory	\$ _____ N/A _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ DONE QUARTERLY
Payroll taxes due but unpaid	\$ DONE QUARTERLY

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor	Date regular payment is due	Amount of regular payment due	Number of payments delinquent	Amount of payments Delinquent
Broadway Bank	28th	\$ 1,628.65	0	0
Broadway Bank	30th	\$ 5,198.84	0	0
Key Bank	3rd	\$ 255.30	0	0

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING July 31, 2008

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$988588.06			
Add: Billing Adjustment	\$20999.01			
Add: sales on account	\$145592.78			
Less: collections	\$183494.70			
End of month balance	\$971685.55			
<u>0-30 Days</u>	<u>31-60 Days</u>	<u>61-90 Days</u>	<u>Over 90 Days</u>	<u>End of Month TOTAL</u>
\$148259.46	\$98444.28	\$32846.50	\$692135.31	\$971685.55

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$ _____			
Add: credit extended	\$43956.19			
Less: payments of account	\$43956.19			
End of month balance	\$ _____			
<u>0-30 Days</u>	<u>31-60 Days</u>	<u>61-90 Days</u>	<u>Over 90 Days</u>	<u>End of Month TOTAL</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | |
|--------------------------------|-----------|---------|
| 1. Federal Income Taxes | Yes (x) | No () |
| 2. FICA withholdings | Yes (x) | No () |
| 3. Employee's withholdings | Yes (x) | No () |
| 4. Employer's FICA | Yes (x) | No () |
| 5. Federal Unemployment Taxes | Yes (x) | No () |
| 6. State Income Tax | Yes () | No (x) |
| 7. State Employee withholdings | Yes (x) | No () |
| 8. All other state taxes | Yes (x) | No () |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

Form 6123 (Rev. 06-97)	Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit										
Do not attach this Notice to your Return											
TO FROM:	District Director, Internal revenue Service Attn: Chief, Special Procedures Function Name of Taxpayer Taxpayer Address										
<p>The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):</p>											
Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return	<p style="text-align: center;">Form 941 Federal Tax Deposit (FTD) Information</p> <p style="text-align: center;">for the payroll period from _____ to Payroll date</p> <table style="width: 100%;"><tr><td style="width: 60%;">Gross wages paid to employees</td><td style="width: 10%; text-align: right;">\$</td></tr><tr><td>Income tax withheld</td><td style="text-align: right;">\$</td></tr><tr><td>Social Security (Employer's plus Employee's share of Social Security Tax)</td><td style="text-align: right;">\$</td></tr><tr><td>Tax Deposited</td><td style="text-align: right;">\$</td></tr><tr><td>Date Deposited</td><td></td></tr></table>	Gross wages paid to employees	\$	Income tax withheld	\$	Social Security (Employer's plus Employee's share of Social Security Tax)	\$	Tax Deposited	\$	Date Deposited	
Gross wages paid to employees	\$										
Income tax withheld	\$										
Social Security (Employer's plus Employee's share of Social Security Tax)	\$										
Tax Deposited	\$										
Date Deposited											
Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return	<p style="text-align: center;">Form 940 Federal Tax Deposit (FTD) Information</p> <p style="text-align: center;">for the payroll period from _____ to</p> <table style="width: 100%;"><tr><td style="width: 60%;">Gross wages paid to employees</td><td style="width: 10%; text-align: right;">\$</td></tr><tr><td>Tax Deposited</td><td style="text-align: right;">\$</td></tr><tr><td>Date Deposited</td><td></td></tr></table>	Gross wages paid to employees	\$	Tax Deposited	\$	Date Deposited					
Gross wages paid to employees	\$										
Tax Deposited	\$										
Date Deposited											
<p style="text-align: center;">Certification (Certification is limited to receipt or electronic transmittal of deposit only)</p> <p>This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)</p>											
Deposit Method (check box)	<input type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit										

Amount (Form 941)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Case 18-47481 Document filed:05/29/2018 Entered:06/15/2018 10:50 AM Page 1 of 9		
Amount (Form 940)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Depositor's Employer Identification Number:		Name and Address of Bank
Under penalties of perjury, I certify that the above federal tax deposit information is true and correct		
Signed:	Date:	
Name and Title (print or type)		

Cat. #43099Z

Form **6123** (rev. 06-97)

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

DECLARATION UNDER PENALTY OF PERJURY

I, Husam ALDAIRI, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.


For the Debtor In Possession (Trustee)

Print or type name and capacity of person signing this Declaration:

6-15-09

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc. CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending August 31, 2008 DENTAL PROFILE

BEGINNING BALANCE IN ALL
ACCOUNTS

	DENTIST PC	Corporate	Total
RECEIPTS:	0		
1. Receipts from operations	154678.48		154678.48
2. Other Receipts		0	0
DISBURSEMENTS:		0	0
Accountant Fee	0	647.5144	647.5144
Advertisement	0	0	0
association fee	0	0	0
Attorney fee	0	1196	1196
Auto	0	212.50528	212.50528
Bnak Fees	0	655.50368	655.50368
car payment	0	589.027608	589.027608
Computer	0	478.4	478.4
credit card	0	818.178816	818.178816
Dental supplys	295.15	0	295.15
Healthcare	0	0	0
Insurance	0	2379.61183	2379.61183
Labaratory	18,017.53	0.00	18,017.53
Loan	0	5110.18508	5110.18508
Maintenance	0	0	0
Medical products	11,608.27	478.46	12,086.73
Medical supplies	0	346.471632	346.471632
Misc	0	174.706896	174.706896
Mortgage	0	0	0
Office products	0	0	0
Office Supplies	0	77.125256	77.125256
Postage	200	53.13828	253.13828
Printed supplys	0	0	0
Refund	0	0	0
Rent	13,843.99	6,004.48	19,848.47
Taxes	0	0	0
Transfer	0	0	0
Utilities	0	0	0
Alarm	0	0	0
Cable	0	0	0
Cable TV	0	0	0

Electricity	886.05	0	886.05
Garbage & Recycling	272.85	59.594288	332.444288
Gas & Electric	0	0	0
Telephone	1306.09	950.367912	2256.45791
Water	0	0	0
Other Utilities	0	0	0
TOTAL Utilities	2,464.99	1,009.96	3,474.95
Wages & Salary	0	0	0
Bonus	0	466.44	466.44
Gross Pay	2,966.21	50,319.82	53,286.03
Overtime	594	0	594
Other Wages & Salary	0	1089.52251	1089.52251
Adp Fees	0	69.860752	69.860752
TOTAL Wages & Salary	3,560.21	51,945.65	55,505.86
TOTAL EXPENSES	49,990.14	71,529.40	121,519.54

TOTAL DISBURSEMENTS \$121,519.54

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ 33,158.94

ENDING BALANCE IN _BROADWAY BANK **154.92**
(Name of Bank)

ENDING BALANCE IN _____
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING August 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
08/01/2008-08/31/2008	Checks	109800.43
08/01/2008-08/31/2008	Charge	15869.38
08/01/2008-08/31/2008	Cash	8681.20
		TOTAL: 134351.01

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING August 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>Date Disbursed</u>	<u>Check NO</u>	<u>Description</u>	<u>Amount</u>
8/1/2008	11321	Judith Canelo	-400
8/1/2008	11328	Maricar Anselmo	-600.26
8/4/2008	11331	Ashlee Miller	-236.02
8/4/2008	11337	Addent, LLC	-25,500.00
8/6/2008	11363	Stericycle	-670.93
8/6/2008	11365	**VOID**Delta Dental	0
8/12/2008	11388	Cavalier	-77.5
8/12/2008	11389	**VOID**Dentsply	0
8/12/2008	11396	At&T	-37.51
8/12/2008	11397	At&T	-193.92
8/12/2008	11398	At&T	-756.22
8/14/2008	11407	**VOID**Mirage Dental Art	0
8/14/2008	11412	OfficeMax	-523.79
8/14/2008	11413	OfficeMax	-36.09
8/14/2008	11414	**VOID**Grace Printing	0
8/15/2008	11419	Direct TV	-144.96
8/15/2008	11432	**VOID**Village Of Addison	0
8/18/2008	11444	CBI	-550
8/20/2008	11452	**VOID**Addent, LLC	0
8/20/2008	11453	Mirage Dental Art	-5,302.00
8/20/2008	11459	Vanessa Mackay	-100
		Southern Anesthesia & Surgical	
8/20/2008	11465	Inc.	-68.3
8/20/2008	11468	Medical Arts Press	-140.77
8/21/2008	11486	Patterson Dental	-14,527.79
8/22/2008	11494	Comed	-2,044.90
8/22/2008	11500	Tutogen Medical Inc	-1,140.00
8/22/2008	11505	AOA	-263.71
8/22/2008	11506	Pitney Bowes	-500
8/22/2008	11507	Medical Arts Press	-6.73
8/26/2008	11526	**VOID**Grace Printing	0
8/26/2008	11527	Delta Dental	-679.2
8/26/2008	11528	**VOID**Dentsply	0
8/26/2008	11534	**VOID**Village Of Addison	0
8/30/2008	11538	Metlife	-190
8/30/2008	11539	Metlife	-405
8/30/2008	11542	Tarik Al-Diery	-576
8/30/2008	11552	Maricar Anselmo	-520
		Corporate Expenses	-69466.05

TOTAL: -125657.65

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF INVENTORY

Beginning inventory	\$ _____	N/A _____
Add: purchases	\$ _____	N/A _____
Less: goods sold (cost basis)	\$ _____	N/A _____
Ending inventory	\$ _____	N/A _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ DONE QUARTERLY
Payroll taxes due but unpaid	\$ DONE QUARTERLY

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor	Date regular payment is due	Amount of regular payment due	Number of payments delinquent	Amount of payments Delinquent
Broadway Bank	28th	\$ 1,481.92	0	0
Broadway Bank	30th	\$ 4,730.48	0	0
Key Bank	3rd	\$ 232.30	0	0

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING August 31, 2008

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance		\$971685.55		
Less: Billing Adjustment		\$78298.16		
Add: sales on account		\$179740.79		
Less: collections		\$134351.01		
End of month balance		\$938777.17		
<u>0-30 Days</u>	<u>31-60 Days</u>	<u>61-90 Days</u>	<u>Over 90 Days</u>	<u>End of Month TOTAL</u>
\$158447.97	\$55058.54	\$32329.70	\$692940.96	\$938777.17

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

..... Beginning of month balance \$0

Add: credit extended	\$55379.10			
Less: payments of account	\$55379.10			
End of month balance	\$0			
0-30 Days	31-60 Days	61-90 Days	Over 90 Days	End of Month TOTAL
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | |
|--------------------------------|----------|---------|
| 1. Federal Income Taxes | Yes (x) | No () |
| 2. FICA withholdings | Yes (x) | No () |
| 3. Employee's withholdings | Yes (x) | No () |
| 4. Employer's FICA | Yes (x) | No () |
| 5. Federal Unemployment Taxes | Yes (x) | No () |
| 6. State Income Tax | Yes () | No (x) |
| 7. State Employee withholdings | Yes (x) | No () |

8. All other state taxes Yes (x) No ()

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

Form 6123 (Rev. 06-97)	Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit
Do not attach this Notice to your Return	
TO	District Director, Internal revenue Service Attn: Chief, Special Procedures Function
FROM:	Name of Taxpayer
	Taxpayer Address
The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):	
Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return	Form 941 Federal Tax Deposit (FTD) Information for the payroll period from _____ to Payroll date Gross wages paid to employees \$ Income tax withheld \$ Social Security (Employer's plus Employee's share of Social Security Tax) \$ Tax Deposited \$ Date Deposited

Section 2**Form 940 Federal Tax Deposit (FTD) Information**

Case 10847148159 Doc 56 Filed 05/20/10 Entered 05/16/15 09:28:11 Page 1 of 1503 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return	Document Page 9 of 10 Gross Wages paid to employees \$ Tax Deposited \$ Date Deposited
--	---

Certification**(Certification is limited to receipt or electronic transmittal of deposit only)**

This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)

Deposit Method (check box)	<input type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit
-------------------------------	---

Amount (Form 941)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Amount (Form 940)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Depositor's Employer Identification Number:		Name and Address of Bank

Under penalties of perjury, I certify that the above federal tax deposit information is true and correct

Signed:	Date:
---------	-------

Name and Title (print or type)

Cat. #43099Z

Form **6123** (rev. 06-97)

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

DECLARATION UNDER PENALTY OF PERJURY

I, Thugun Anjali, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

NOTICE OF UNPAID FEES AND IMPENDING COLLECTION ACTIONS

Amount Due: _____

Account Number: _____

Notice Date: _____

Debtors: _____

Office of the U.S. Trustee
 227 W. Monroe Street, Suite 3350
 Chicago, IL 60606

CASE NO.: _____

CASE NAME: _____

EASTERN DIVISION
 FOR THE NORTHERN DISTRICT OF ILLINOIS
 IN THE UNITED STATES BANKRUPTCY COURT
 IN CHICAGO, IL

OPERATING REPORT Page 8

DATED: 6.15.09

Print or type name and capacity of
 person signing this Declaration:

For the Debtor in Possession (Trustee)

T. J. Murphy

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc.

CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending SEPTEMBER 30, 2008 DENTAL PROFILE

BEGINNING BALANCE IN ALL ACCOUNTS

142.01

	Dental Profile	Corporate	Total
RECEIPTS:			
1. Receipts from operations	\$ 140,883.67		\$ 140,883.67
2. Other Receipts			0
DISBURSEMENTS:			0
Acoountant Fee		\$ 810.52	\$ 810.52
Addvertisement	\$ -	\$ -	\$ -
Advertisement		\$ -	\$ -
Other Advertisement	\$ 1,080.00	\$ -	\$ 1,080.00
TOTAL Advertisement	\$ 1,080.00	\$ -	\$ 1,080.00
association fee	\$ -	\$ -	\$ -
Auto		\$ -	\$ -
Loan	\$ -	\$ -	\$ -
TOTAL Auto	\$ -	\$ 343.71	\$ 343.71
Bank Fees		\$ 902.96	\$ 902.96
car payment	\$ -	\$ 221.47	\$ 221.47
Check Is Void		\$ -	\$ -
Clining Servece		\$ -	\$ -
Clothing		\$ -	\$ -
Computer		\$ 438.12	\$ 438.12
credit card		\$ 743.20	\$ 743.20
Dental supplys	\$ 629.63	\$ -	\$ 629.63
Healthcare		\$ -	\$ -
Other Healthcare		\$ -	\$ -
TOTAL Healthcare	\$ -	\$ -	\$ -
Insurance		\$ -	\$ -
Health		\$ 4,159.64	\$ 4,159.64
Other Insurance		\$ -	\$ -
TOTAL Insurance	\$ -	\$ 4,159.64	\$ 4,159.64
Labaratory	\$ 8,267.67	\$ -	\$ 8,267.67
Loan		\$ -	\$ -
Other Loan		\$ 5,975.78	\$ 5,975.78
TOTAL Loan	\$ -	\$ 5,975.78	\$ 5,975.78
Maintenance		\$ -	\$ -
Other Maintenance	\$ 210.00	\$ -	\$ 210.00
TOTAL Maintenance	\$ 210.00	\$ -	\$ 210.00
Medical		\$ -	\$ -
Other Medical	\$ -	\$ -	\$ -

TOTAL Medical	\$ -	\$ -	\$ -
Medical products	\$ 7,059.83	\$ 444.74	\$ 7,504.57
Misc	\$ -	\$ 0.22	\$ 0.22
Miscellaneous		\$ -	\$ -
Other Miscellaneous	\$ 80.00	\$ -	\$ 80.00
TOTAL Miscellaneous	\$ 80.00	\$ -	\$ 80.00
Mortgage		\$ -	\$ -
Other Mortgage		\$ -	\$ -
TOTAL Mortgage	\$ -	\$ -	\$ -
Office products	\$ 610.60	\$ 70.63	\$ 681.23
Postage		\$ -	\$ -
Other Postage	\$ 1,287.27	\$ 43.81	\$ 1,331.08
TOTAL Postage	\$ 1,287.27	\$ 43.81	\$ 1,331.08
Refund	\$ 597.00	\$ -	\$ 597.00
Rent	\$ 25,500.00	\$ 327.49	\$ 25,827.49
Transfer	\$ -	\$ -	\$ -
Utilities		\$ -	\$ -
Alarm		\$ -	\$ -
Cable	\$ 149.96	\$ -	\$ 149.96
Cable TV	\$ -	\$ -	\$ -
Electricity	\$ -	\$ -	\$ -
Garbage & Recycling	\$ 916.47	\$ -	\$ 916.47
Gas & Electric	\$ 77.93	\$ 116.01	\$ 193.94
Telephone	\$ 709.78	\$ 651.83	\$ 1,361.61
Water	\$ 497.00	\$ -	\$ 497.00
Other Utilities	\$ -	\$ -	\$ -
TOTAL Utilities	\$ 2,351.14	\$ 767.83	\$ 3,118.97
Wages & Salary		\$ -	\$ -
Bonus	\$ -	\$ 427.16	\$ 427.16
Gross Pay	\$ 13,719.34	\$ 50,821.27	\$ 64,540.61
Overtime	\$ -	\$ -	\$ -
Other Wages & Salary	\$ -	\$ 1,052.14	\$ 1,052.14
ADP Fees		\$ 92.75	\$ 92.75
ADP PAYROLL	\$ 93,636.00	\$ -	\$ 93,636.00
Payroll Taxes	\$ 10,277.86	\$ -	\$ 10,277.86
TOTAL Wages & Salary	\$ 117,633.20	\$ 52,393.33	\$ 170,026.53
TOTAL EXPENSES	\$ 165,306.34	\$ 75,756.34	\$ 241,062.68

TOTAL DISBURSEMENTS

\$ 241,062.68NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT
PERIOD\$(100,179.01)ENDING BALANCE IN _BROADWAY BANK
(Name of Bank)**12290.18**ENDING BALANCE IN _____
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING SEPTEMBER 30, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
09/01/2008-09/30/2008	Checks	116180.18
09/01/2008-09/30/2008	Charge	12627.49
09/01/2008-09/30/2008	Cash	12076.00

TOTAL: 140883.67

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for

each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING SEPTEMBER 30, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>DATE</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
<u>DISBURSED</u>			
9/23/2008	1352	Grace Printing	-1,080.00
9/9/2008	11619	Dentsply	-192.27
9/9/2008	11620	Dentsply	-400.39
9/9/2008	11625	Medical Oxygen	-33.71
9/9/2008	11630	Dentsply	-3.26
9/22/2008	1328	AOA	-267.67
9/9/2008	11613	Mirage Dental Art	-8,000.00
9/9/2008	11605	Dynamic Automation, Inc	-210
9/18/2008	1307	Patterson Dental	-7,059.83
9/24/2008	1360	Joseph Stallone	-80
9/22/2008	1331	SmileMakers	-217.67
9/18/2008	11678	OfficeMax	-392.93
9/25/2008	1366	Pitney Bowes	-750
9/5/2008	11571	Pitney Bowes	-537.27
9/9/2008	11621	Blue Cross Blue Shield	-165
9/17/2008	11668	Alejandro Palencia	-80
9/17/2008	11669	Compdent Insurance	-352
9/5/2008	11569	Addent, LLC	-25,500.00
9/22/2008	1332	Direct TV	-149.96
		Hazchem Environmental	
9/25/2008	1365	Corporation	-164.85

9/9/2008	11633	Stericycle	-751.62
9/9/2008	11615	Nicor Gas	-77.93
9/23/2008	1351	At&T	-556.68
9/9/2008	11618	At&T	-153.1
9/30/2008	1458	Vilage Of Addison	-497
9/22/2008	1320	Dealal Fakhouri	-431.49
9/22/2008	1322	Maricar Anselmo	-918.78
9/22/2008	1336	Julio Ariguita	-275.15
9/22/2008	1337	Judith Canelo	-2,039.16
9/22/2008	1338	Maida Domazet	-897.55
9/23/2008	1359	Adnan Al-Hammami	-588.62
9/25/2008	1378	Arizbeth Flores	-590.32
9/29/2008	1426	Erika Salazar	-565.32
9/29/2008	1427	Ivonne Garcia	-812.13
9/29/2008	1428	Arizbeth Flores	-565.32
9/29/2008	1429	Dealal Fakhouri	-395.81
9/29/2008	1430	Maida Domazet	-887.55
9/29/2008	1431	Yesenia Caudillo	-684.28
9/29/2008	1433	Maria E Calleja	-803.24
9/29/2008	1434	Normary Barrientos	-269.99
9/29/2008	1435	Julio C Argueta	-210.15
9/29/2008	1436	Maricar Anselmo	-908.78
9/29/2008	1437	Caroll Altube	-465.51
9/29/2008	1438	Adnan Al-Hammami	-551.94
9/2/2008	11555	Adnan Al-Hammami	-458.25
9/4/2008	11557	Judy Canelo	-400
		3 rd Qt payroll	-93636.00
		3 rd Qt Payroll Tax	-10277.86
		Corporate Expenses	-7575634

TOTAL: 241062.68

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF INVENTORY

Beginning inventory	\$ _____ N/A _____
Add: purchases	\$ _____ N/A _____
Less: goods sold (cost basis)	\$ _____ N/A _____
Ending inventory	\$ _____ N/A _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ DONE QUARTERLY
Payroll taxes due but unpaid	\$ DONE QUARTERLY

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor	Date regular payment is due	Amount of regular payment due	Number of payments delinquent	Amount of payments Delinquent
Broadway Bank	28th	\$ 1,397.71	0	0
Broadway Bank	30th	\$ 4,461.68	0	0
Key Bank	3rd	\$ 219.10	0	0

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$938777.17			
Less: Billing Adjustment	\$16522.38			
Add: sales on account	\$165550.34			
Less: collections	\$140883.67			
End of month balance	\$946921.46			
<u>0-30 Days</u>	<u>31-60 Days</u>	<u>61-90 Days</u>	<u>Over 90 Days</u>	<u>End of Month TOTAL</u>
\$145735.49	\$67101.07	\$28245.97	\$705839.11	\$946921.46

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$_____			
Add: credit extended	\$48085.89			
Less: payments of account	\$48085.89			
End of month balance	\$_____			
<u>0-30 Days</u>	<u>31-60 Days</u>	<u>61-90 Days</u>	<u>Over 90 Days</u>	<u>End of Month TOTAL</u>
\$_____	\$_____	\$_____	\$_____	\$_____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | |
|--------------------------------|----------|---------|
| 1. Federal Income Taxes | Yes (x) | No () |
| 2. FICA withholdings | Yes (x) | No () |
| 3. Employee's withholdings | Yes (x) | No () |
| 4. Employer's FICA | Yes (x) | No () |
| 5. Federal Unemployment Taxes | Yes (x) | No () |
| 6. State Income Tax | Yes () | No (x) |
| 7. State Employee withholdings | Yes (x) | No () |
| 8. All other state taxes | Yes (x) | No () |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

Form 6123 (Rev. 06-97)	Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit
Do not attach this Notice to your Return	
TO	District Director, Internal revenue Service Attn: Chief, Special Procedures Function
FROM:	Name of Taxpayer
	Taxpayer Address
The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):	
Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return	Form 941 Federal Tax Deposit (FTD) Information for the payroll period from _____ to Payroll date Gross wages paid to employees \$ Income tax withheld \$ Social Security (Employer's plus Employee's share of Social Security Tax) \$ Tax Deposited \$ Date Deposited
Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return	Form 940 Federal Tax Deposit (FTD) Information for the payroll period from _____ to Gross wages paid to employees \$ Tax Deposited \$ Date Deposited
Certification (Certification is limited to receipt or electronic transmittal of deposit only) This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)	

(check box)	<input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit		
Case 108477431	59 documents filed 08/5/2016	Entered 08/5/2016	Page 1 of 24
Amount (Form 941)	Date of Deposit	Document EFTPS acknowledgment number or Form 8109 FTD received by:	
Amount (Form 940)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:	
Depositor's Employer Identification Number:		Name and Address of Bank	
Under penalties of perjury, I certify that the above federal tax deposit information is true and correct			
Signed:	Date:		
Name and Title (print or type)			

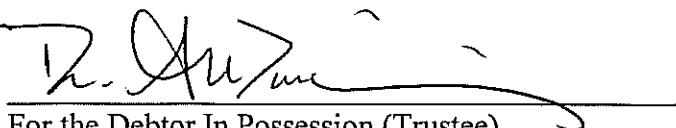
Cat. #43099Z

Form **6123** (rev. 06-97)

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

DECLARATION UNDER PENALTY OF PERJURY

I, Husam AlDairi, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.



For the Debtor In Possession (Trustee)

Print or type name and capacity of person signing this Declaration:

6.15.09

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc.

CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending October 31, 2008 Dental Profile

BEGINNING BALANCE IN ALL
ACCOUNTS

13966.12

Dental Profile Corporate Total

RECEIPTS:

1. Receipts from operations	\$ 168,713.71	168713.71
2. Other Receipts		0

DISBURSEMENTS:

Accountant Fee	\$ 672.06	\$ 672.06
Addvertisement	\$ -	\$ -
Advertisement	\$ -	\$ -
Newspaper	\$ 161.29	\$ 161.29
<u>TOTAL Advertisement</u>	<u>\$ 161.29</u>	<u>\$ 161.29</u>
association fee	\$ -	\$ -
Attorney fee	\$ 537.65	\$ 537.65
Auto	\$ -	\$ -
Loan	\$ 477.65	\$ 477.65
<u>TOTAL Auto</u>	<u>\$ 1,265.07</u>	<u>\$ 1,265.07</u>
Bank Fees	\$ 955.55	\$ 955.55
car payment	\$ 1,178.12	\$ 1,178.12
Computer	\$ 537.65	\$ 537.65
credit card	\$ 4,570.02	\$ 4,570.02
Dental supplys	\$ 66.51	\$ 520.66
Healthcare	\$ -	\$ -
Physician	\$ -	\$ -
<u>Other Healthcare</u>	<u>\$ -</u>	<u>\$ -</u>
<u>TOTAL Healthcare</u>	<u>\$ -</u>	<u>\$ -</u>

Insurance	\$ -	\$ -
Other Insurance	\$ -	\$ 562.95 \$ 562.95
<u>TOTAL Insurance</u>	<u>\$ -</u>	<u>\$ 562.95 \$ 562.95</u>
Labaratory	\$ 470.43	\$ - \$ 470.43
Loan	\$ -	\$ -
Other Loan	\$ -	\$ 7,189.17 \$ 7,189.17
<u>TOTAL Loan</u>	<u>\$ -</u>	<u>\$ 7,189.17 \$ 7,189.17</u>
Maintenance	\$ -	\$ -
Other Maintenance	\$ 196.00	\$ - \$ 196.00
<u>TOTAL Maintenance</u>	<u>\$ 196.00</u>	<u>\$ - \$ 196.00</u>
Medical	\$ -	\$ -
Other Medical	\$ -	\$ 1,200.62 \$ 1,200.62
<u>TOTAL Medical</u>	<u>\$ -</u>	<u>\$ 1,200.62 \$ 1,200.62</u>
Medical products	\$ 5,955.33	\$ - \$ 5,955.33
Misc	\$ -	\$ -
Office products	\$ 882.59	\$ - \$ 882.59
Postage	\$ -	\$ -
Other Postage	\$ 1,696.60	\$ 53.76 \$ 1,750.36
<u>TOTAL Postage</u>	<u>\$ 1,696.60</u>	<u>\$ 53.76 \$ 1,750.36</u>
Printed supplys	\$ 3,780.00	\$ - \$ 3,780.00
Refund	\$ 319.50	\$ 1,344.12 \$ 1,663.62
Reimbursement	\$ -	\$ 1,612.95 \$ 1,612.95
Rent	\$ 25,500.00	\$ 455.66 \$ 25,955.66
Supplys	\$ -	\$ 354.28 \$ 354.28
Taxes	\$ -	\$ -
Other Taxes	\$ -	\$ -
<u>TOTAL Taxes</u>	<u>\$ -</u>	<u>\$ - \$ -</u>
Ticket	\$ -	\$ -
Transfer	\$ -	\$ -

	\$	-	\$	-
Utilities				
Alarm	\$ 165.00	\$ -	\$ 165.00	\$ -
Cable	\$ 74.98	\$ -	\$ 74.98	\$ -
Cable TV	\$ -	\$ -	\$ -	\$ -
drinking water	\$ -	\$ -	\$ -	\$ -
Electricity	\$ 2,883.36	\$ -	\$ 2,883.36	\$ -
Garbage & Recycling	\$ 408.33	\$ -	\$ 408.33	\$ -
Gas & Electric	\$ -	\$ 268.16	\$ 268.16	\$ -
Pest Control	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 901.66	\$ 1,014.27	\$ 1,915.93	\$ -
Water	\$ -	\$ -	\$ -	\$ -
Other Utilities	\$ -	\$ 32.26	\$ 32.26	\$ -
<u>TOTAL Utilities</u>	<u>\$ 4,433.33</u>	<u>\$ 1,314.69</u>	<u>\$ 5,748.02</u>	<u>\$ -</u>
Wages & Salary				
Bonus	\$ -	\$ 161.29	\$ 161.29	\$ -
Gross Pay	\$ 2,169.00	\$ 53,530.06	\$ 55,699.06	\$ -
Overtime	\$ -	\$ 43.01	\$ 43.01	\$ -
Other Wages & Salary	\$ -	\$ 975.14	\$ 975.14	\$ -
ADP Fees	\$ -	\$ 100.00	\$ 100.00	\$ -
<u>TOTAL Wages & Salary</u>	<u>\$ 2,169.00</u>	<u>\$ 54,809.50</u>	<u>\$ 56,978.50</u>	<u>\$ -</u>
<u>TOTAL EXPENSES</u>	<u>\$ 45,469.29</u>	<u>\$ 79,229.26</u>	<u>\$ 124,698.55</u>	<u>\$ -</u>

TOTAL DISBURSEMENTS \$ 124,698.55

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ 44,015.16

ENDING BALANCE IN _BROADWAY BANK

-3208.14

(Name of Bank)

ENDING BALANCE IN _____

(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING October 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
10/01/2009-10/31/2009	Checks	142663.37
10/01/2009-10/31/2009	Charge	13378.34
10/01/2009-10/31/2009	Cash	12672.00

TOTAL: 168713.71

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING OCTOBER 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>DATE DISBURSED</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
10/13/2008	1603	Medical Oxygen	-33.71
10/20/2008	1636	Medical Oxygen	-32.8
10/2/2008	1502	AOA	-165.15
10/28/2008	1724	AOA	-154.4
			-150.88
10/27/2008	1698	Dynamic Automation, Inc	-196
10/22/2008	1669	Patterson Dental	-5,955.33
10/2/2008	1491	Medical Arts Press	-19.24
10/7/2008	1544	OfficeMax	-263.12
10/13/2008	1608	Medical Arts Press	-178.8
10/28/2008	1707	Medical Arts Press	-211.19
10/28/2008	1716	SmileMakers	-210.24
10/7/2008	1555	United States Postal Services	-696.6
10/28/2008	1722	Pitney Bowes	-1,000.00

10/7/2008	1545	Grace Printing	-3,780.00
10/20/2008	1630	Humana Dental	-179
10/20/2008	1631	Humana Dental	-140.5
10/2/2008	1485	Addent, LLC	-25,500.00
		Norcomm Public Safety	
10/20/2008	1642	Communication	-165
10/28/2008	1715	Direct TV	-74.98
10/2/2008	1498	Comed	-1,660.57
10/24/2008	1676	Comed	-1,222.79
10/20/2008	1647	Allied Waste Services	-408.33
10/24/2008	1673	**VOID**Orkin	0
10/2/2008	1490	Cavalier	-93.08
10/10/2008	1562	At&T	-12.3
10/10/2008	1563	At&T	-472.5
10/10/2008	1567	At&T	-323.78
10/2/2008	1470	Maricar Anselmo	-560
10/2/2008	1475	Judy Canelo	-400
10/13/2008	1583	Tarik Al-Diery	-560
10/13/2008	1587	Carol Altube	-99
10/24/2008	1688	Tarik Al-Diery	-550
		Corporate Expenses	-79229.26

TOTAL: \$124698.55

You must create a separate list for each bank account from which disbursements were made during the month.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF INVENTORY

Beginning inventory	\$ _____	N/A _____
Add: purchases	\$ _____	N/A _____
Less: goods sold (cost basis)	\$ _____	N/A _____
Ending inventory	\$ _____	N/A _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ DONE QUARTERLY
Payroll taxes due but unpaid	\$ DONE QUARTERLY

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor	Date regular payment is due	Amount of regular payment due	Number of payments delinquent	Amount of payments Delinquent
Broadway Bank	28th	\$ 1,714.77	0	0
Broadway Bank	30th	\$ 5,473.75	0	0
Key Bank	3rd	\$ 268.80	0	0

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$946921.46			
Add: Billing Adjustment	\$389378.22			
Add: sales on account	\$143277.51			
Less: collections	\$168713.71			
End of month balance	\$1310863.48			
<u>0-30 Days</u>	<u>31-60 Days</u>	<u>61-90 Days</u>	<u>Over 90 Days</u>	<u>End of Month TOTAL</u>
\$135085.99	\$104091.36	\$18296.22	\$694654.77	\$1310863.48

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$_____			
Add: credit extended	\$45779.70			
Less: payments of account	\$45779.70			
End of month balance	\$_____			
<u>0-30 Days</u>	<u>31-60 Days</u>	<u>61-90 Days</u>	<u>Over 90 Days</u>	<u>End of Month TOTAL</u>
\$_____	\$_____	\$_____	\$_____	\$_____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | |
|--------------------------------|---|--|
| 1. Federal Income Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 2. FICA withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 3. Employee's withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 4. Employer's FICA | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 5. Federal Unemployment Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 6. State Income Tax | Yes (<input type="checkbox"/>) | No (<input checked="" type="checkbox"/>) |
| 7. State Employee withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 8. All other state taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

Form 6123 (Rev. 06-97)	Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit
Do not attach this Notice to your Return	
TO	District Director, Internal revenue Service Attn: Chief, Special Procedures Function
FROM:	Name of Taxpayer
	Taxpayer Address
The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):	
Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return	Form 941 Federal Tax Deposit (FTD) Information for the payroll period from _____ to Payroll date Gross wages paid to employees \$ Income tax withheld \$ Social Security (Employer's plus Employee's share of Social Security Tax) \$ Tax Deposited \$ Date Deposited
Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return	Form 940 Federal Tax Deposit (FTD) Information for the payroll period from _____ to Gross wages paid to employees \$ Tax Deposited \$ Date Deposited
Certification (Certification is limited to receipt or electronic transmittal of deposit only) This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)	

Print or type name and capacity of person signing this Declaration:

For the Debtor in Possession (Trustee)

R. A. Kuhn

6-16-09

this report to the best of my knowledge, information and belief.

States that I have read and I certify that the figures, statements, disbursements itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of

the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United

I, *R. A. Kuhn*, acting as the duly authorized agent for

DECLARATION UNDER PENALTY OF PERJURY

EASTERN DIVISION
FOR THE NORTHERN DISTRICT OF ILLINOIS
IN THE UNITED STATES BANKRUPTCY COURT

Form 6123 (rev. 06-97)
Cat. #43099Z

Name and Title
(print or type)

Signed: Date:

Under penalties of perjury, I certify that the above federal tax deposit information is true and correct

Amount (Form 941)	Date of Deposit	ETPS acknowledgement number or Form 8109 FTD received by:	Depositor's Employer Identification Number:	Name and Address of Bank
Amount (Form 940)	Date of Deposit	ETPS acknowledgement number or Form 8109 FTD received by:		
Deposit Method		(check box)		
<input checked="" type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon		<input type="checkbox"/> Electronic Federal Tax Payment System (ETPS) Deposit		

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc

CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending November 30, 2008 Dental Profile

BEGINNING BALANCE IN ALL ACCOUNTS -13144.8

RECEIPTS:	Dental Profile	Corporate	Total
1. Receipts from operations	\$ 92,759.18		
2. Other Receipts			
DISBURSEMENTS:			
Accountant Fees	\$ -	\$ -	\$ -
Advertisement	\$ -	\$ -	\$ -
association fee	\$ -	\$ -	\$ -
Attorney fee	\$ -	\$ -	\$ -
Auto	\$ 204.63	\$ 204.63	\$ 204.63
Bank Fees	\$ 582.53	\$ 582.53	\$ 582.53
car payment	\$ 762.87	\$ 762.87	\$ 762.87
Computer	\$ 460.68	\$ 460.68	\$ 460.68
credit card	\$ 691.02	\$ 691.02	\$ 691.02
Dental supplys	\$ 95.06	\$ 95.06	\$ 95.06
Healthcare	\$ -	\$ -	\$ -
Insurance	\$ 3,891.56	\$ 4,242.56	\$ 4,242.56
Labaratory	\$ 3,598.79	\$ 3,598.79	\$ 3,598.79
Loan	\$ 6,831.86	\$ 6,831.86	\$ 6,831.86
Maintenance	\$ -	\$ -	\$ -
Medical	\$ 90.51	\$ 90.51	\$ 90.51
Medical products	\$ 107.39	\$ 6,556.12	\$ 6,556.12
Medical supplies	\$ 336.82	\$ 336.82	\$ 336.82
Misc	\$ 149.72	\$ 149.72	\$ 149.72
Office products	\$ 989.93	\$ -	\$ 989.93
Postage	\$ 23.89	\$ 1,720.49	\$ 1,720.49
Printed supplys	\$ -	\$ -	\$ -
Refund	\$ -	\$ 1,152.45	\$ 1,152.45
Rent	\$ 512.51	\$ 26,012.51	\$ 26,012.51
Taxes-Social Security	\$ -	\$ -	\$ -
Taxes-Medicare	\$ -	\$ -	\$ -
Taxes-unemployment	\$ -	\$ -	\$ -
State Taxes	\$ -	\$ -	\$ -
Ticket	\$ -	\$ -	\$ -
Transfer	\$ -	\$ -	\$ -
Utilities	\$ -	\$ -	\$ -
Alarm	\$ 299.40	\$ -	\$ 299.40

Cable TV	\$ -	\$ -	\$ -
drinking water	\$ -	\$ -	\$ -
Electricity	\$ 919.08	\$ -	\$ 919.08
Garbage & Recycling	\$ 1,457.61	\$ -	\$ 1,457.61
Gas & Electric	\$ 242.87	\$ -	\$ 242.87
Telephone	\$ 683.56	\$ 345.10	\$ 1,028.66
Water	\$ 491.83	\$ -	\$ 491.83
Other Utilities	\$ -	\$ -	\$ -
TOTAL Utilities	\$ 4,094.35	\$ 345.10	\$ 4,439.45
Wages & Salary		\$ -	\$ -
Gross Pay	\$ 3,992.38	\$ 1,584.15	\$ 5,576.53
Overtime	\$ -	\$ 73.71	\$ 73.71
ADP Payroll		\$ -	\$ -
ADP Fees		\$ 68.98	\$ 68.98
Dentist Compensation		\$44,699.54	\$44,699.54
TOTAL Wages & Salary	\$ 3,992.38	\$46,426.38	\$50,418.76

TOTAL DISBURSEMENTS \$ 109,336.76

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ (16,577.58)

ENDING BALANCE IN _____
(Name of Bank)

ENDING BALANCE IN _____
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS \$ (3,064.94)

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING NOVEMBER 30, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
11/01/2008-11/30/2008	CHECKS	70517.22
11/01/2008-11/30/2008	CASH	10703.00
11/01/2008-11/30/2008	CHARGE	11732.96

TOTAL: 92953.18

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING NOVEMBER 30, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

Addison - Nov 2008

11/1/2008 through 11/30/2008 (Cash Basis)

DATE

<u>DISBURSED</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
11/19/2008	1908	American Family Insurance	-351
11/3/2008	1744	Mirage Dental Art	-3,434.25
11/13/2008	1866	AOA	-93.58
			-70.96
11/24/2008	1954	Patterson Dental	-6,448.73
11/11/2008	1850	OfficeMax	-812.45
11/18/2008	1888	Medical Arts Press	-19.24
11/21/2008	1925	SmileMakers	-158.24
11/3/2008	1753	United States Postal Services	-696.6
11/18/2008	1890	Pitney Bowes	-1,000.00
11/6/2008	1818	Humana Dental	-14.4
11/6/2008	1819	Lowell Maiers	-424
11/17/2008	1874	Flores Hilda	-540
11/25/2008	1971	Doral Dental	-174.05
11/3/2008	1738	Addent, LLC	-25,500.00
11/25/2008	1970	Stand Guard Inc.	-299.4
11/21/2008	1921	Comed	-919.08
11/13/2008	1864	Stericycle	-884.43
11/21/2008	1920	Allied Waste Services	-408.33
		Hazchem Environmental	
11/24/2008	1965	Corporation	-164.85
11/21/2008	1927	Nicor Gas	-242.87
11/18/2008	1882	At&T	-329.27
11/18/2008	1883	**VOID**At&T	0
11/19/2008	1897	At&T	-166.29
11/21/2008	1916	Cavalier	-188
11/4/2008	1756	Village Of Addison	-491.83
11/3/2008	1749	Judith Canelo	-400
11/4/2008	1769	Maricar Anselmo	-248.22
11/10/2008	1830	Tarik Al-Diery	-670
11/18/2008	1877	Judith Canelo	-2,044.16
11/24/2008	1943	Tarik Al-Diery	-630

Corporate Expenses -61512.53

TOTAL: -109336.76

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF INVENTORY

Beginning inventory	\$ _____ N/A _____
Add: purchases	\$ _____ N/A _____
Less: goods sold (cost basis)	\$ _____ N/A _____
Ending inventory	\$ _____ N/A _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ DONE QUARTERLY
Payroll taxes due but unpaid	\$ DONE QUARTERLY

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor	Date regular payment is due	Amount of regular payment due	Number of payments delinquent	Amount of payments Delinquent
Broadway Bank	28th	\$ 1,469.16	0	0
Broadway Bank	30th	\$ 4,689.75	0	0
Key Bank	3rd	\$ 230.30	0	0

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$1310863.48
----------------------------	--------------

Less:	Billing Adjustment	\$417815.74
Add:	sales on account	\$143647.09
Less:	collections	\$92953.18
	End of month balance	\$943741.65

0-30 <u>Days</u>	31-60 <u>Days</u>	61-90 <u>Days</u>	Over 90 <u>Days</u>	End of Month <u>TOTAL</u>
\$174580.58	\$61300.02	\$27810.93	\$680050.12	\$943741.65

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$ _____			
Add: credit extended	\$39172.98			
Less: payments of account	\$39172.98			
End of month balance	\$ _____			
0-30 <u>Days</u>	31-60 <u>Days</u>	61-90 <u>Days</u>	Over 90 <u>Days</u>	End of Month <u>TOTAL</u>

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | |
|--------------------------------|---|--|
| 1. Federal Income Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 2. FICA withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 3. Employee's withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 4. Employer's FICA | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 5. Federal Unemployment Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 6. State Income Tax | Yes (<input type="checkbox"/>) | No (<input checked="" type="checkbox"/>) |
| 7. State Employee withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 8. All other state taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

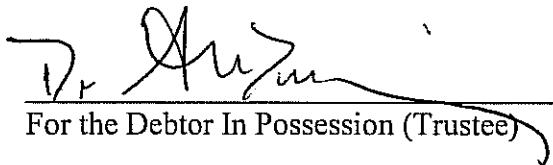
OPERATING REPORT Page 6

Form 6123 (Rev. 06-97)	Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit
Do not attach this Notice to your Return	
TO	District Director, Internal revenue Service Attn: Chief, Special Procedures Function
FROM:	Name of Taxpayer
	Taxpayer Address

DECLARATION UNDER PENALTY OF PERJURY

Document Page 8 of 9

I, Husam Almarai, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.



For the Debtor In Possession (Trustee)

Print or type name and capacity of person signing this Declaration:

DATED: 6.15.09.

OPERATING REPORT Page 8

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc.

CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending December 31, 2008 Dental Profile

	\$	Dental Profile	Corporate	Total
BEGINNING BALANCE IN ALL ACCOUNTS	(13,144.80)			
RECEIPTS:				
1. Receipts from operations	\$ 120,113.31			120,113.31
2. Other Receipts	0			
DISBURSEMENTS:				0
Uncategorized	\$ -	\$ -	\$ -	\$ -
Accountant Fee	\$ -	\$ 199.32	\$ -	\$ 199.32
Aldairi Personal	\$ -	\$ -	\$ -	\$ -
association fee	\$ -	\$ -	\$ -	\$ -
Attorney fee	\$ -	\$ 184.03	\$ -	\$ 184.03
Auto	\$ -	\$ -	\$ -	\$ -
Loan	\$ -	\$ 193.00	\$ -	\$ 193.00
TOTAL Auto	\$ -	\$ 193.00	\$ -	\$ 193.00
Bank Fees		\$ 446.69	\$ 446.69	
car payment	\$ -	\$ 1,473.58	\$ -	\$ 1,473.58
Computer	\$ -	\$ 434.49	\$ -	\$ 434.49
credit card	\$ -	\$ 1,955.20	\$ -	\$ 1,955.20
Dental supplys	\$ -	\$ 87.25	\$ -	\$ 87.25
Healthcare		\$ -	\$ -	
Other Healthcare	\$ -	\$ -	\$ -	\$ -
TOTAL Healthcare	\$ -	\$ -	\$ -	\$ -
Insurance		\$ -	\$ -	
Health	\$ -	\$ 477.01	\$ -	\$ 477.01
Other Insurance	\$ -	\$ 121.85	\$ -	\$ 121.85
TOTAL Insurance	\$ -	\$ 598.86	\$ -	\$ 598.86

Labaratory	\$ 10,047.80	\$ -	\$ 10,047.80
Loan		\$ -	\$ -
Other Loan	\$ -	6,073.33	\$ 6,073.33
TOTAL Loan	\$ -	6,073.33	\$ 6,073.33
Maintenance		\$ -	\$ -
Other Maintenance	\$ 150.00	57.80	\$ 207.80
TOTAL Maintenance	\$ 150.00	57.80	\$ 207.80
Medical		\$ -	\$ -
Other Medical	\$ -	\$ -	\$ -
TOTAL Medical	\$ -	\$ -	\$ -
Medical products	\$ 621.00	\$ -	\$ 621.00
Medical supplies		\$ -	\$ -
Other Medical supplies	\$ -	317.67	\$ 317.67
TOTAL Medical supplies	\$ -	317.67	\$ 317.67
Misc	\$ -	\$ -	\$ -
Mortgage		\$ -	\$ -
Other Mortgage	\$ -	\$ -	\$ -
TOTAL Mortgage	\$ -	\$ -	\$ -
Office products	\$ -	382.24	\$ 382.24
Postage		\$ -	\$ -
Other Postage	\$ 229.45	48.25	\$ 277.70
TOTAL Postage	\$ 229.45	48.25	\$ 277.70
Printed supplys	\$ 2,110.00	\$ -	\$ 2,110.00
Refund	\$ 760.00	\$ -	\$ 760.00
Rent	\$ 26,020.00	5,128.57	\$ 31,148.57
Supplys	\$ -	70.05	\$ 70.05
Transfer	\$ -	\$ -	\$ -
Utilities		\$ -	\$ -
Alarm	\$ 30.00	\$ -	\$ 30.00
Cable TV	\$ -	\$ -	\$ -

Electricity	\$ 805.45	\$ -	\$ 805.45
Garbage & Recycling	\$ 583.80	\$ 53.64	\$ 637.44
Gas & Electric	\$ 578.60	\$ 1,303.47	\$ 1,882.07
Telephone	\$ 329.23	\$ 534.35	\$ 863.58
Water	\$ -	\$ -	\$ -
Other Utilities	\$ -	\$ -	\$ -
TOTAL Utilities	\$ 2,327.08	\$ 148.07	\$ 2,475.15
Wages & Salary		\$ -	\$ -
Bonus	\$ -	\$ 130.35	\$ 130.35
Gross Pay	\$ 1,339.88	\$ 39,728.75	\$ 41,068.63
Overtime	\$ -	\$ 120.44	\$ 120.44
Other Wages & Salary	\$ -	\$ 2,175.75	\$ 2,175.75
ADP Fees		\$ -	\$ -
Adp Payroll	\$ 64,814.00	\$ 7,093.47	\$ 71,907.47
Payroll Taxes	\$ 6,817.16	\$ 682.81	\$ 7,499.97
TOTAL Wages & Salary	\$ 72,971.04	\$ 42,155.29	\$ 115,126.33
TOTAL EXPENSES	\$ 115,236.37	\$ 59,953.67	\$ 175,190.04

TOTAL DISBURSEMENTS

\$
175,190.04

NET RECEIPTS (DISBURSEMENTS) FOR THE
CURRENT PERIOD

\$
(55,076.73)

ENDING BALANCE IN _BROADWAY BANK

-3064.94

(Name of Bank)

ENDING BALANCE IN _____

(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING DECEMBER 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
12/01/08-12/31/08	Insurance Checks	95033.41
12/01/08-12/31/08	Charge	16474.70
12/01/08-12/31/08	Cash	8605.20

TOTAL:120113.31

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING DECEMBER 31, 2008

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

Date	Check Number	Description	Amount
12/4/2008	1991	Mirage Dental Art	-10,000.00
12/9/2008	2039	AOA	-47.8
12/29/2008	2144	Dirk Reed	-150
12/9/2008	2040	Tutogen Medical Inc	-621
12/9/2008	2050	Pitney Bowes	-229.45
12/10/2008	2066	Grace Printing	-2,110.00
12/16/2008	2113	**VOID**Hector Perez, JR North Avenue & Route 83 Currency Exchange	0
12/16/2008	2114	Inc.	-80
12/16/2008	2115	First Rehab Life	-89
12/30/2008	2152	Brenda Donahue	-591
12/3/2008	1984	**VOID**Addent, LLC	0
12/8/2008	2033	**VOID**Addent, LLC	0
12/30/2008	2150	Addent, LLC	-26,020.00
12/3/2008	1975	Addison Police Department	-30
12/9/2008	2057	Comed	-805.45
12/9/2008	2045	Stericycle	-583.8
12/9/2008	2055	Nicor Gas	-578.6
12/22/2008	2129	At&T	-329.23
12/3/2008	1987	Ivonne Garcia	-867.88
12/16/2008	2109	Judith Canelo	-400
12/30/2008	2149	Erika Salazar	-72
		4 th Qt ADP Payroll	-64814.00
		4 th Qt ADP Taxes	-6817.16
		Corporate Expenses	-59953.67
		OVERALL TOTAL	175190.04

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF INVENTORY

Beginning inventory	\$ _____ N/A _____
Add: purchases	\$ _____ N/A _____
Less: goods sold (cost basis)	\$ _____ N/A _____
Ending inventory	\$ _____ N/A _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ 64814
Payroll taxes due but unpaid	\$ 6817.16

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor	Date regular payment is due	Amount of regular payment due	Number of payments delinquent	Amount of payments Delinquent
Broadway Bank	28th	\$ 1,385.59	0	0
Broadway Bank	30th	\$ 4,422.98	0	0
Key Bank	3rd	\$ 217.20	0	0

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
FOR MONTH ENDING _____, 20____

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$943741.65
Less: Billing Adjustment	\$52876.41
Add: sales on account	\$180818.06
Less: collections	\$120113.31
End of month balance	\$951569.99

0-30 <u>Days</u>	31-60 <u>Days</u>	61-90 <u>Days</u>	Over 90 <u>Days</u>	End of Month <u>TOTAL</u>
\$121873.91	\$80464.22	\$36581.10	\$712650.76	\$951569.99

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$_____
----------------------------	---------

Add: credit extended	\$41908.70			
Less: payments of account	\$41908.70			
End of month balance	\$_____			
0-30 Days	31-60 Days	61-90 Days	Over 90 Days	End of Month <u>TOTAL</u>
\$_____	\$_____	\$_____	\$_____	\$_____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | |
|--------------------------------|---|--|
| 1. Federal Income Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 2. FICA withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 3. Employee's withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 4. Employer's FICA | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 5. Federal Unemployment Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 6. State Income Tax | Yes (<input type="checkbox"/>) | No (<input checked="" type="checkbox"/>) |
| 7. State Employee withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |

8. All other state taxes Yes (x) No ()

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

Form 6123 (Rev. 06-97)	Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit
Do not attach this Notice to your Return	
TO	District Director, Internal revenue Service Attn: Chief, Special Procedures Function
FROM:	Name of Taxpayer
	Taxpayer Address
The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):	
Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return	Form 941 Federal Tax Deposit (FTD) Information for the payroll period from _____ to Payroll date Gross wages paid to employees \$ Income tax withheld \$ Social Security (Employer's plus Employee's share of Social Security Tax) \$ Tax Deposited \$ Date Deposited

Case No. 10-41481	for the payroll period from 06/15/2010 to 06/15/2010	Entered 06/15/2010	Page 1922	Page No. 1544
Form 940, Employer's Annual Federal Unemployment Tax Return	Document Page 10 of 11			\$
	Tax Deposited			\$
	Date Deposited			

Certification

(Certification is limited to receipt or electronic transmittal of deposit only)

This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)

Deposit Method Form 8109/8109B Federal Tax Deposit (FTD) coupon
 (check box) Electronic Federal Tax Payment System (EFTPS) Deposit

Amount (Form 941)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Amount (Form 940)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Depositor's Employer Identification Number:	Name and Address of Bank	

Under penalties of perjury, I certify that the above federal tax deposit information is true and correct

Signed: _____ Date: _____

Name and Title
 (print or type)

Cat. #43099Z

Form **6123** (rev. 06-97)

IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE NORTHERN DISTRICT OF ILLINOIS
 EASTERN DIVISION

DECLARATION UNDER PENALTY OF PERJURY

I, Husam ADAI R', acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

Document Page 11 of 11
For the Debtor In Possession (Trustee)

Print or type name and capacity of
person signing this Declaration:

DATED: 6.15.09

OPERATING REPORT Page 8

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

Office of the U.S. Trustee
227 W. Monroe Street; Suite 3350
Chicago, IL 60606

Debtor:

Notice Date: _____
Account Number: _____
Amount Due: _____

NOTICE OF UNPAID FEES AND IMPENDING COLLECTION ACTIONS

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc

CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending January 31, 2009 Dental Profile

BEGINNING BALANCE IN ALL ACCOUNTS	\$ (3,064.94)	Dental Profile	Corporate	Total
RECEIPTS:				
1. Receipts from operations	\$ 230,233.80			230233.8
2. Other Receipts				0
DISBURSEMENTS:				0
Uncategorized	\$ -	\$ -	\$ -	\$ -
Accounting		\$ 589.03		\$ 589.03
association fee	\$ -	\$ -	\$ -	\$ -
Bank Fees		\$ 768.73		\$ 768.73
car payment	\$ -	\$ 1,057.83		\$ 1,057.83
Clothing	\$ -	\$ -	\$ -	\$ -
credit card	\$ -	\$ 3,769.78		\$ 3,769.78
Dental supplys	\$ 102.89	\$ -		\$ 102.89
Healthcare		\$ -	\$ -	\$ -
Insurance	\$ -	\$ 2,866.10		\$ 2,866.10
Labaratory	\$ -	\$ 8,246.39		\$ 8,246.39
Lease	\$ -	\$ 43.27		\$ 43.27
Loan		\$ 8,198.59		\$ 8,198.59
Maintenance	\$ 1,291.31	\$ -		\$ 1,291.31
Medical		\$ -	\$ -	\$ -
Medical products	\$ 9,587.51	\$ 4,005.39		\$ 13,592.90
Misc	\$ -	\$ 382.87		\$ 382.87
Mortgage	\$ -	\$ -		\$ -
Office products	\$ 545.23	\$ 75.97		\$ 621.20
Postage	\$ 1,156.54	\$ 55.48		\$ 1,212.02
Printed supplys	\$ -	\$ -		\$ -
Refund	\$ 214.40	\$ -		\$ 214.40
Rent	\$ 26,020.00	\$ 5,562.15		\$ 31,582.15
Supplys	\$ 143.21	\$ 36.22		\$ 179.43
Utilities		\$ -	\$ -	\$ -
Alarm	\$ 165.00	\$ -		\$ 165.00
Cable	\$ 76.97	\$ 35.10		\$ 112.07
Cable TV	\$ -	\$ -		\$ -
drinking water	\$ -	\$ 194.31		\$ 194.31
Electricity	\$ 973.35	\$ -		\$ 973.35
Garbage & Recycling	\$ 2,260.13	\$ -		\$ 2,260.13
Gas & Electric	\$ 945.11	\$ -		\$ 945.11
Telephone	\$ 1,862.01	\$ 537.94		\$ 2,399.95
Water	\$ 186.24	\$ -		\$ 186.24
Other Utilities	\$ -	\$ -		\$ -
TOTAL Utilities	\$ 6,468.81	\$ 767.35		\$ 7,236.16

Wages & Salary	\$ -	\$ -
Gross Pay	\$ 556.39	\$ 41,365.56
Other Wages & Salary	\$ -	\$ 2,336.45
Adp Fees		\$ 298.39
TOTAL Wages & Salary	\$ 556.39	\$ 43,702.00

TOTAL EXPENSES	\$ 46,086.29	\$ 80,127.15	\$ 126,213.44
-----------------------	---------------------	---------------------	----------------------

TOTAL DISBURSEMENTS \$126,213.44

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$104,020.36

ENDING BALANCE IN _BROADWAY BANK **34738.9**
(Name of Bank)

ENDING BALANCE IN _____
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING January 31, 2009

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
01/01/09-01/31/09	Checks	203237.6
01/01/09-01/31/09	Charge	14846.65
01/01/09-01/31/09	Cash	13443.45

TOTAL:231527.70

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING JANUARY 31, 2009

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

Date	Check Number	Description	Amount
1/6/2009	2179	Patterson Dental	-143.21
1/6/2009	2180	Patterson Dental	-2,503.80
1/7/2009	2184	Addent, LLC	-26,020.00

1/7/2009	2203	Hazchem Environmental Corporation	-2,260.13
1/7/2009	2204	**VOID**Lefdord Landscape	0
1/7/2009	2207	Patterson Dental	-6,824.00
1/7/2009	2209	At&T	-79.05
1/7/2009	2210	At&T	-631.84
1/8/2009	2243	Nicor Gas	-945.11
1/8/2009	2245	OfficeMax	-545.23
1/8/2009	2247	Pitney Bowes	-244.27
1/8/2009	2249	**VOID**Leader Products	0
1/8/2009	2251	Leader Products	-191.31
1/8/2009	2252	**VOID**Deala Fakhouri	0
1/8/2009	2253	Deala Fakhouri	-556.39
1/9/2009	2255	At&T	-1,151.12
1/12/2009	2262	Dirk Reed	-525
1/12/2009	2263	Comed	-973.35
1/12/2009	2264	Direct TV	-76.97
1/12/2009	2272	Norcomm Public Safety Communication	-165
1/12/2009	2273	Pitney Bowes	-414
Corporate Expenses			-80127.15
OVERALL TOTAL			104020.36

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____
FOR MONTH ENDING _____, 20____

STATEMENT OF INVENTORY

Beginning inventory	\$ _____	N/A _____
Add: purchases	\$ _____	N/A _____

Less: goods sold (cost basis)	\$ _____ N/A _____
Ending inventory	\$ _____ N/A _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ Done Quarterly
Payroll taxes due but unpaid	\$ Done Quarterly

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor	Date regular payment is due	Amount of regular payment due	Number of payments delinquent	Amount of payments Delinquent
Broadway Bank	28th	\$ 1,531.04	0	0
Broadway Bank	30th	\$ 4,887.28	0	0
Key Bank	3rd	\$ 240.00	0	0

* Include only post-petition payments.

FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$951569.99			
Add: Billing Adjustment	\$95636.82			
Add: sales on account	\$142920.00			
Less: collections	\$231527.70			
End of month balance	\$958599.11			
0-30 Days	31-60 Days	61-90 Days	Over 90 Days	End of Month TOTAL
\$165973.95	\$48353.96	\$32142.34	\$712128.86	\$958599.11

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$_____			
Add: credit extended	\$48155.59			
Less: payments of account	\$48155.59			
End of month balance	\$_____			
0-30 Days	31-60 Days	61-90 Days	Over 90 Days	End of Month TOTAL
\$_____	\$_____	\$_____	\$_____	\$_____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | |
|--------------------------------|---|--|
| 1. Federal Income Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 2. FICA withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 3. Employee's withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 4. Employer's FICA | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 5. Federal Unemployment Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 6. State Income Tax | Yes (<input type="checkbox"/>) | No (<input checked="" type="checkbox"/>) |
| 7. State Employee withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 8. All other state taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

TO	District Director, Internal revenue Service Attn: Chief, Special Procedures Function
FROM:	Name of Taxpayer
	Taxpayer Address

The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court
(complete sections 1 and/or 2 as appropriate):

Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return	<p style="text-align: center;">Form 941 Federal Tax Deposit (FTD) Information</p> <p style="text-align: center;">for the payroll period from _____ to Payroll date</p> <table style="width: 100%;"><tr><td style="width: 70%;">Gross wages paid to employees</td><td style="width: 10%; text-align: right;">\$</td></tr><tr><td>Income tax withheld</td><td style="text-align: right;">\$</td></tr><tr><td>Social Security (Employer's plus Employee's share of Social Security Tax)</td><td style="text-align: right;">\$</td></tr><tr><td>Tax Deposited</td><td style="text-align: right;">\$</td></tr><tr><td>Date Deposited</td><td></td></tr></table>	Gross wages paid to employees	\$	Income tax withheld	\$	Social Security (Employer's plus Employee's share of Social Security Tax)	\$	Tax Deposited	\$	Date Deposited	
Gross wages paid to employees	\$										
Income tax withheld	\$										
Social Security (Employer's plus Employee's share of Social Security Tax)	\$										
Tax Deposited	\$										
Date Deposited											
Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return	<p style="text-align: center;">Form 940 Federal Tax Deposit (FTD) Information</p> <p style="text-align: center;">for the payroll period from _____ to</p> <table style="width: 100%;"><tr><td style="width: 70%;">Gross wages paid to employees</td><td style="width: 10%; text-align: right;">\$</td></tr><tr><td>Tax Deposited</td><td style="text-align: right;">\$</td></tr><tr><td>Date Deposited</td><td></td></tr></table>	Gross wages paid to employees	\$	Tax Deposited	\$	Date Deposited					
Gross wages paid to employees	\$										
Tax Deposited	\$										
Date Deposited											

Certification

(Certification is limited to receipt or electronic transmittal of deposit only)

This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)

Deposit Method (check box)	<input type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit	
Amount (Form 941)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Amount (Form 940)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Depositor's Employer Identification Number:		Name and Address of Bank

Under penalties of perjury, I certify that the above federal tax deposit information is true and correct

Signed: _____ Date: _____

DATE: 6.15.04

Print or type name and capacity of person signing this Declaration:

For the Debtor in Possession (Trustee)

States that I have read and I certify that the figures, statements, disbursements itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

I, Husman Alida, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursements itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

DECLARATION UNDER PENALTY OF PERJURY

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc.

CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending February 28, 2009 Dental Profile

BEGINNING BALANCE IN ALL ACCOUNTS	\$ 31,843.99		
	Dental Profile	Corporate	Total
RECEIPTS:			
1. Receipts from operations	\$ 122,365.48		122365.48
2. Other Receipts			0
DISBURSEMENTS:			
Accounting	\$ -	\$ 626.09	\$ 626.09
association fee	\$ -	\$ -	\$ -
Bank Fees	\$ -	\$ 45.83	\$ 45.83
car payment	\$ -	\$ 657.69	\$ 657.69
credit card	\$ -	\$ 10,904.99	\$ 10,904.99
Dental supplys	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 3,743.30	\$ 3,743.30
Labaratory	\$ 219.90	\$ 4,441.95	\$ 4,661.85
Loan	\$ -	\$ 8,213.38	\$ 8,213.38
Maintenance	\$ 1,856.30	\$ 92.25	\$ 1,948.55
Medical products	\$ -	\$ 2,269.07	\$ 2,269.07
Medical supplies	\$ 153.72	\$ -	\$ 153.72
Misc	\$ -	\$ 3,464.72	\$ 3,464.72
Office products	\$ 1,938.82	\$ -	\$ 1,938.82
Postage	\$ 668.82	\$ 50.06	\$ 718.88
Printed supplys	\$ -	\$ -	\$ -
Refund	\$ 67.70	\$ -	\$ 67.70

Rent	\$ 26,020.00	\$ 2,621.57	\$ 28,641.57
Supplys	\$ -	\$ 73.50	\$ 73.50
Ticket	\$ -	\$ -	\$ -
Transfer	\$ -	\$ -	\$ -
Utilities			
Cable TV	\$ -	\$ -	\$ -
drinking water	\$ -	\$ -	\$ -
Electricity	\$ -	\$ 386.65	\$ 386.65
Garbage & Recycling	\$ 816.66	\$ 181.38	\$ 998.04
Gas & Electric	\$ -	\$ -	\$ -
Telephone	\$ -	\$ 379.30	\$ 379.30
Water	\$ -	\$ -	\$ -
Other Utilities	\$ -	\$ -	\$ -
TOTAL Utilities	\$ 816.66	\$ 947.34	\$ 1,764.00
Wages & Salary			
Gross Pay	\$ -	\$ 31,794.72	\$ 31,794.72
Other Wages & Salary	\$ -	\$ 3,040.39	\$ 3,040.39
Adp Fees		\$ 173.85	\$ 173.85
TOTAL Wages & Salary	\$ -	\$ 35,008.95	\$ 35,008.95
 <hr/>			
TOTAL EXPENSES	\$ 31,741.92	\$ 73,160.69	\$ 104,902.61

TOTAL DISBURSEMENTS \$104,902.61

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ 17,462.87

ENDING BALANCE IN _BROADWAY BANK
(Name of Bank) **15966.76**

ENDING BALANCE IN _____
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING February 28, 2009

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
01/01/09-01/31/09	Checks	101782.59
01/01/09-01/31/09	Charge	11432.99
01/01/09-01/31/09	Cash	9149.90

TOTAL:122365.48

Receipts may be identified by major categories. It is not necessary to list each transaction

separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING February 28, 2009

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

Date	Check Number	Description	Amount
2/2/2009	2414	Pitney Bowes	-414
2/3/2009	2446	Allied Waste Services	-816.66
2/4/2009	2454	Doral Dental	-42.7
2/4/2009	2475	Addent, LLC	26,020.00
2/9/2009	2478	Dynamic Automation, Inc	-605
2/12/2009	2504	OfficeMax	-999.94
2/18/2009	2518	Keith Moberly	-25
2/18/2009	2532	American Medical & Dental Supplies	-153.72
2/18/2009	2533	Dynamic Automation, Inc	-1,251.30
2/18/2009	2537	AOA	-219.9
2/18/2009	2548	Pitney Bowes	-254.82
2/25/2009	2577	OfficeMax	-938.88
		Corporate Expenses	-73160.69
Total Disbursements			-104902.61

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF INVENTORY

Beginning inventory	\$ _____ N/A _____
Add: purchases	\$ _____ N/A _____
Less: goods sold (cost basis)	\$ _____ N/A _____
Ending inventory	\$ _____ N/A _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ Done Quarterly
Payroll taxes due but unpaid	\$ Done Quarterly

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor	Date regular payment is due	Amount of regular payment due	Number of payments delinquent	Amount of payments Delinquent
Broadway Bank	28th	\$ 1,403.45	0	0
Broadway Bank	30th	\$ 4,480.00	0	0
Key Bank	3rd	\$ 220.00	0	0

* Include only post-petition payments.

OPERATING REPORT Page 4

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance		\$958599.11		
Less: Billing Adjustment		\$33291.90		
Add: sales on account		\$147615.65		
Less: collections		\$122365.48		
End of month balance		\$950557.32		
0-30 Days	31-60 Days	61-90 Days	Over 90 Days	End of Month <u>TOTAL</u>
\$125206.26	\$73488.45	\$32098.66	\$719763.95	\$950557.32

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance		\$_____		
Add: credit extended		\$37026.55		
Less: payments of account		\$37026.55		
End of month balance		\$_____		
0-30 Days	31-60 Days	61-90 Days	Over 90 Days	End of Month <u>TOTAL</u>

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | |
|--------------------------------|---|--|
| 1. Federal Income Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 2. FICA withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 3. Employee's withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 4. Employer's FICA | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 5. Federal Unemployment Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 6. State Income Tax | Yes (<input type="checkbox"/>) | No (<input checked="" type="checkbox"/>) |
| 7. State Employee withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 8. All other state taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

OPERATING REPORT Page 6

Form 6123 (Rev. 06-97)	Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit
Do not attach this Notice to your Return	
TO	District Director, Internal revenue Service Attn: Chief, Special Procedures Function
FROM:	Name of Taxpayer Taxpayer Address
The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):	
Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return	Form 941 Federal Tax Deposit (FTD) Information for the payroll period from _____ to Payroll date Gross wages paid to employees \$ Income tax withheld \$ Social Security (Employer's plus Employee's share of Social Security Tax) \$ Tax Deposited \$ Date Deposited
Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return	Form 940 Federal Tax Deposit (FTD) Information for the payroll period from _____ to Gross wages paid to employees \$ Tax Deposited \$ Date Deposited
Certification (Certification is limited to receipt or electronic transmittal of deposit only)	

Case 10-41484-JR Document 1095-2 Filed 06/15/10 Page 9 of 944 PageID 1563
 Deposit Method Form 8109 (8109B Federal Tax Deposit FTD) coupon
 Electronic Federal Tax Payment System (EFTPS) Deposit
 (check box) Document Page 9 of 9

Amount (Form 941)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Amount (Form 940)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Depositor's Employer Identification Number:		Name and Address of Bank
Under penalties of perjury, I certify that the above federal tax deposit information is true and correct		
Signed:	Date:	
Name and Title (print or type)		

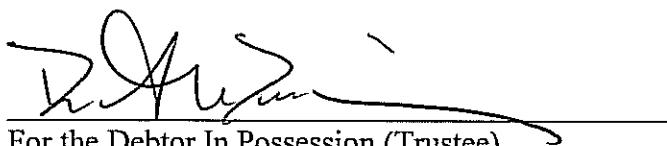
Cat. #43099Z

Form 6123 (rev. 06-97)

IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE NORTHERN DISTRICT OF ILLINOIS
 EASTERN DIVISION

DECLARATION UNDER PENALTY OF PERJURY

I, Husam Al-Darei, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.



For the Debtor In Possession (Trustee)

Print or type name and capacity of person signing this Declaration:

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Dental Profile, Inc.

CASE NO. 08-17148

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending April 30, 2009 Dental Profile

BEGINNING BALANCE IN ALL ACCOUNTS	\$ 22,387.90		
	Dental Profile	Corporate	Total
RECEIPTS:			
1. Receipts from operations	\$ 178,883.27		\$ 178,883.27
2. Other Receipts			\$ -
DISBURSEMENTS:			
Accounting Fees	\$ -	\$ 795.98	\$ 795.98
Bank Fees	\$ -	\$ 222.04	\$ 222.04
car payment	\$ -	\$ -	\$ -
Clothing	\$ -	\$ -	\$ -
Collection Agency Fee	\$ 23.34	\$ -	\$ 23.34
Computer	\$ -	\$ -	\$ -
credit card	\$ -	\$ 533.29	\$ 533.29
Dental supplys	\$ 105.45	\$ -	\$ 105.45
donation	\$ -	\$ -	\$ -
Healthcare	\$ -	\$ -	\$ -
Insurance	\$ 169.50	\$ -	\$ 169.50
Labaratory	\$ 57.70	\$ 9,061.31	\$ 9,119.01
Lease	\$ -	\$ -	\$ -
Loan	\$ -	\$ -	\$ -
Maintenance	\$ 629.90	\$ -	\$ 629.90
Medical products	\$ -	\$ 318.04	\$ 318.04
Misc	\$ -	\$ -	\$ -
Office products	\$ 2,076.82	\$ -	\$ 2,076.82
Office Supplies	\$ 623.12	\$ -	\$ 623.12
Postage	\$ -	\$ -	\$ -
Printed supplys	\$ -	\$ -	\$ -
Refund	\$ 651.50	\$ -	\$ 651.50
Rent	\$ 1,040.00	\$ 2,673.92	\$ 3,713.92
Supplys	\$ -	\$ 446.35	\$ 446.35
Utilities			
Cable TV	\$ -	\$ 52.87	\$ 52.87
drinking water	\$ -	\$ -	\$ -

Electricity	\$ -	\$ -	\$ -
Garbage & Recycling	\$ 1,124.25	\$ 145.54	\$ 1,269.79
Gas & Electric	\$ -	\$ 2,109.90	\$ 2,109.90
Telephone	\$ 637.86	\$ 575.88	\$ 1,213.74
Water	\$ -	\$ -	\$ -
TOTAL Utilities	\$ 1,762.11	\$ 2,884.19	\$ 4,646.30
Wages & Salary		\$ -	\$ -
Bonus	\$ -	\$ 5,767.99	\$ 5,767.99
Gross Pay	\$ -	\$ 42,757.03	\$ 42,757.03
ADP Fees		\$ 179.03	\$ 179.03
TOTAL Wages & Salary	\$ -	\$ 48,704.06	\$ 48,704.06
 TOTAL EXPENSES	 \$ 7,139.44	 \$ 65,639.18	 \$ 72,778.62

TOTAL DISBURSEMENTS	\$ 72,778.62
----------------------------	---------------------

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD	\$106,104.65
---	--------------

ENDING BALANCE IN _BROADWAY BANK (Name of Bank)	\$ 28,994.95
--	--------------

ENDING BALANCE IN _____ (Name of Bank)	
---	--

ENDING BALANCE IN ALL ACCOUNTS

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING April 30, 2009

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
01/01/09-01/31/09	Checks	152397.64
01/01/09-01/31/09	Charge	18425.88
01/01/09-01/31/09	Cash	8059.75

TOTAL:178883.27

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING April 30, 2009

Bank: BROADWAYBANK

Location:

Account Name: AYA DENTAL

Account No.: 107998701

Date	Check Number	Description	Amount
4/7/2009	2888	Blue Cross Blue Shield	-175
4/8/2009	2891	ATG	-23.34
4/14/2009	2932	OfficeMax	-306.81
			-93.8
			-699.66
4/14/2009	2935	Humana	-319.5
4/14/2009	2938	Hazchem Environmental Corporation	-164.85
4/14/2009	2941	Staples	-623.12
4/21/2009	2969	At&T	-637.86
4/21/2009	2972	American Family Insurance	-169.5
4/22/2009	2994	OfficeMax	-976.55
4/22/2009	2996	AOA	-57.7
4/22/2009	2999	Medical Oxygen	-105.45
4/22/2009	3003	Hazchem Environmental Corporation	-164.85
			-164.85
			-52.5
			-164.85
4/22/2009	3005	Sears & Anderson	-629.9
4/24/2009	3016	Richard Polchaire	-157
			-
4/30/2009	3043	Addent, LLC	1,040.00
4/30/2009	3053	Stericycle	-247.5
4/30/2009	3056	Hazchem Environmental Corporation	-164.85
		Corporate Expenses	-65639.18
Total Disbursements			-72778.62

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF INVENTORY

Beginning inventory	\$ _____	N/A _____
Add: purchases	\$ _____	N/A _____
Less: goods sold (cost basis)	\$ _____	N/A _____
Ending inventory	\$ _____	N/A _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ Done Quarterly
Payroll taxes due but unpaid	\$ Done Quarterly

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor	Date regular payment is due	Amount of regular payment due	Number of payments delinquent	Amount of payments Delinquent
Broadway Bank	28th	\$ 1,467.25	0	0
Broadway Bank	30th	\$ 4,683.64	0	0
Key Bank	3rd	\$ 230.00	0	0

* Include only post-petition payments.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

FOR MONTH ENDING _____, 20____

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$923848.93			
Add: Billing Adjustment	\$90676.21			
Add: sales on account	\$152946.19			
Less: collections	\$178883.27			
End of month balance	\$988588.06			
0-30 Days	31-60 Days	61-90 Days	Over 90 Days	End of Month <u>TOTAL</u>
\$232790.49	\$64504.49	\$14624.31	\$676668.77	\$988588.06

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$_____			
Add: credit extended	\$47249.24			
Less: payments of account	\$47249.24			
End of month balance	\$_____			
0-30 Days	31-60 Days	61-90 Days	Over 90 Days	End of Month <u>TOTAL</u>
\$_____	\$_____	\$_____	\$_____	\$_____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

OPERATING REPORT Page 5

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

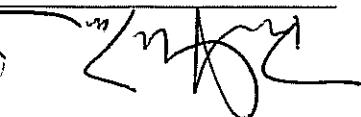
- | | | |
|--------------------------------|---|--|
| 1. Federal Income Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 2. FICA withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 3. Employee's withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 4. Employer's FICA | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 5. Federal Unemployment Taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 6. State Income Tax | Yes (<input type="checkbox"/>) | No (<input checked="" type="checkbox"/>) |
| 7. State Employee withholdings | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |
| 8. All other state taxes | Yes (<input checked="" type="checkbox"/>) | No (<input type="checkbox"/>) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

Form 6123 (Rev. 06-97)	Department of the Treasury-Internal Revenue Service Verification of Fiduciary's Federal Tax Deposit	
Do not attach this Notice to your Return		
TO	District Director, Internal revenue Service Attn: Chief, Special Procedures Function	
FROM:	Name of Taxpayer	
	Taxpayer Address	
The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):		
Section 1 Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return	Form 941 Federal Tax Deposit (FTD) Information for the payroll period from _____ to Payroll date Gross wages paid to employees \$ Income tax withheld \$ Social Security (Employer's plus Employee's share of Social Security Tax) \$ Tax Deposited \$ Date Deposited	
Section 2 Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return	Form 940 Federal Tax Deposit (FTD) Information for the payroll period from _____ to Gross wages paid to employees \$ Tax Deposited \$ Date Deposited	
Certification (Certification is limited to receipt or electronic transmittal of deposit only) This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)		
Deposit Method (check box)	<input type="checkbox"/> Form 8109/8109B Federal Tax Deposit (FTD) coupon <input type="checkbox"/> Electronic Federal Tax Payment System (EFTPS) Deposit	
Amount (Form 941)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:

Print or type name and capacity of person signing this Declaration.

For the Debtor in Possession (Trustee)



this report to the best of my knowledge, information and belief.

account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of

States that I have read and I certify that the figures, statements, disbursements itemizations, and

the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United

, acting as the duly authorized agent for _____

I, Al D'Ari

DECLARATION UNDER PENALTY OF PERJURY

EASTERN DIVISION
FOR THE NORTHERN DISTRICT OF ILLINOIS
IN THE UNITED STATES BANKRUPTCY COURT

Form 6123 (rev. 06-97)
Cat. #43099Z

Name and Title
(print or type)

Signed: Date:

Under penalties of perjury, I certify that the above federal tax deposit information is true and correct

Depositor's Employer	Name and Address of Bank	Identification Number
----------------------	--------------------------	-----------------------

Amount (Form 940)	Date of Deposit	ETPS acknowledgement number or Form 8109 FTD received by:
-------------------	-----------------	---